ASS. REC BY: Kenneth

REF: FCZ/22001961/KV f3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: XD 3919A

Policy No. _____

Claims No. D22000505MCVT

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of Inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJD 8798 Yr Regn: 12 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Renault Laguna c.c 1995

Colour M. White / Red A/C: Insured / Std / NI / NA

Sp.Reading 407711 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AVC 283305

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or _____

Brake: Inoper / Jammed / Leaked / Burnt or _____

Modi : NIL / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60R16

R: ~~~

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Sailun

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	21/2/22	D.O.I.	22/2/2022

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or _____

Rear N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	Got BI
23/2/22	Kenneth informed LS $3750 (Red ~~34,344.89, 90%~~)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 23/2/22-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Fuel: _____

Others _____

TOTAL _____

Report Format : TP

Lump Sum / ~~I.B.I~~: ($ 3750)

Date of Accident: 27.12.2021

Trans-cab Auto Services Pte Ltd
No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel No. : 6287 6666 Fax No. : 6257 1330
CO./GST Reg. No. 201019626G
SHD679B

Not Authorised
L/Sup 8

AAD2202-

22 FEB 2022

Vehicle No.:	**SHD679B**
Chassis No.:	VF1ABL15AUC283305
Co UEN:	200303878K
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE
Date of Accident :	21/02/2022
Third Party Insurer :	**XD3919A/** FCI.
Date of Registration :	08/12/2017

	PART		**LIST**
			By/cm
1	BUMPER COVER REAR	$	561.70
1	BUMPER LOWER REAR	$	411.90
1	BUMPER REFLECTOR LH	$	16.60
1	BUMPER BRACKET CTR REAR	$	98.10
1	BUMPER BRACKET SIDE RH REAR	$	82.10
1	BUMPER RETAINER RH REAR	$	59.80
1	FENDER PANEL REAR LH	$	1,933.20
1	WHEELARCH REAR LH	$	275.40
1	BUMPER BEAM REAR	$	547.80
1	BUMPER BEAM BRACKET LH REAR	$	114.50
1	BUMPER BEAM BRACKET RH REAR	$	114.50
1	OUTER PANEL REAR (End Panel)	$	745.80
1	OUTER PANEL REAR (End Panel)TRIM	$	404.56
1	BOOT REAR	$	1,677.20
1	BOOT HINGE LH	$	254.20
1	BOOT HINGE RH	$	254.20
1	BOOT REFLECTOR LAMP LH	$	277.70
1	TAILLAMP LH	$	401.40
		$	**8,230.66**
		10% $	**1,594.73**
		$	**14,352.53**

Specical Nett

1SET	PARKING AID	$ 700.00
1SET	REAR BUMPER CLIP	$ 66.00
1SET	BUMPER BRACKET SIDE CLIP RH RR	$ 10.00

Trans-cab Auto Services Pte Ltd **AAD2202-**

No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel No. : 6287 6666 Fax No. : 6257 1330
CO./GST Reg. No. 201019626G

SHD679B

1SET	BUMPER RETAINER RH CLIP RR	$	20.00	
1SET	BUMPER BRACKET SIDE CLIP LH RR	$	10.00	
1SET	BUMPER RETAINER CLIP LH RR	$	20.00	
1SET	BUMPER LOWER REAR CLIP	$	66.00	X
1	EXHAUST MOUNTING REAR	$	17.82	
2	WINDSCREEN SEALANT	$	150.00	
1	WINDSCREEN MOULDING	$	200.00	
1	WINDSCREEN INNER SPONGE SEAL	$	130.00	
	TOTAL	**$**	**1,509.82**	
	TOTAL PARTS	**$**	**15,862.35**	

LABOUR

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.	$	300.00	X
Putty And Spray Painting Of The Affected Portion.	$	3,000.00	80%
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	$	3,000.00	60%
To Rust-Proofing Of The Affected Areas.	$	170.00	30%
To reinstall rear bumper parking sensor.	$	170.00	60%
To transfer of bootlid fittings, attachments and perform water seepage test.	$	170.00	60%
To repair and realign rear exhaust pipe.	$	170.00	X
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	$	170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	$	170.00	100%

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111
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AAD2202-

SHD679B

To transfer of rear windscreen fittings and conduct water seepage test.	$	170.00 X
To check steering geometry and computer wheel alignment	$	220.00 X
To Check Electrical Lighting Concerned.	$	170.00 2ol
TOTAL	**$**	**7,880.00**
Over All Total	**$**	**38,094.89**

(LUMP SUM)
Repair Days ~~20 DAYS~~ 4 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	21/02/2022 13:48 (SGT)
Date of Accident	21/02/2022 07:54 (SGT)
Exact Location of Accident	Near 253 Jln Buroh, Singapore 128828
Additional Location Information	JLN BUROH ESSO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD679B

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXX878K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	(Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer	Renault
Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1998

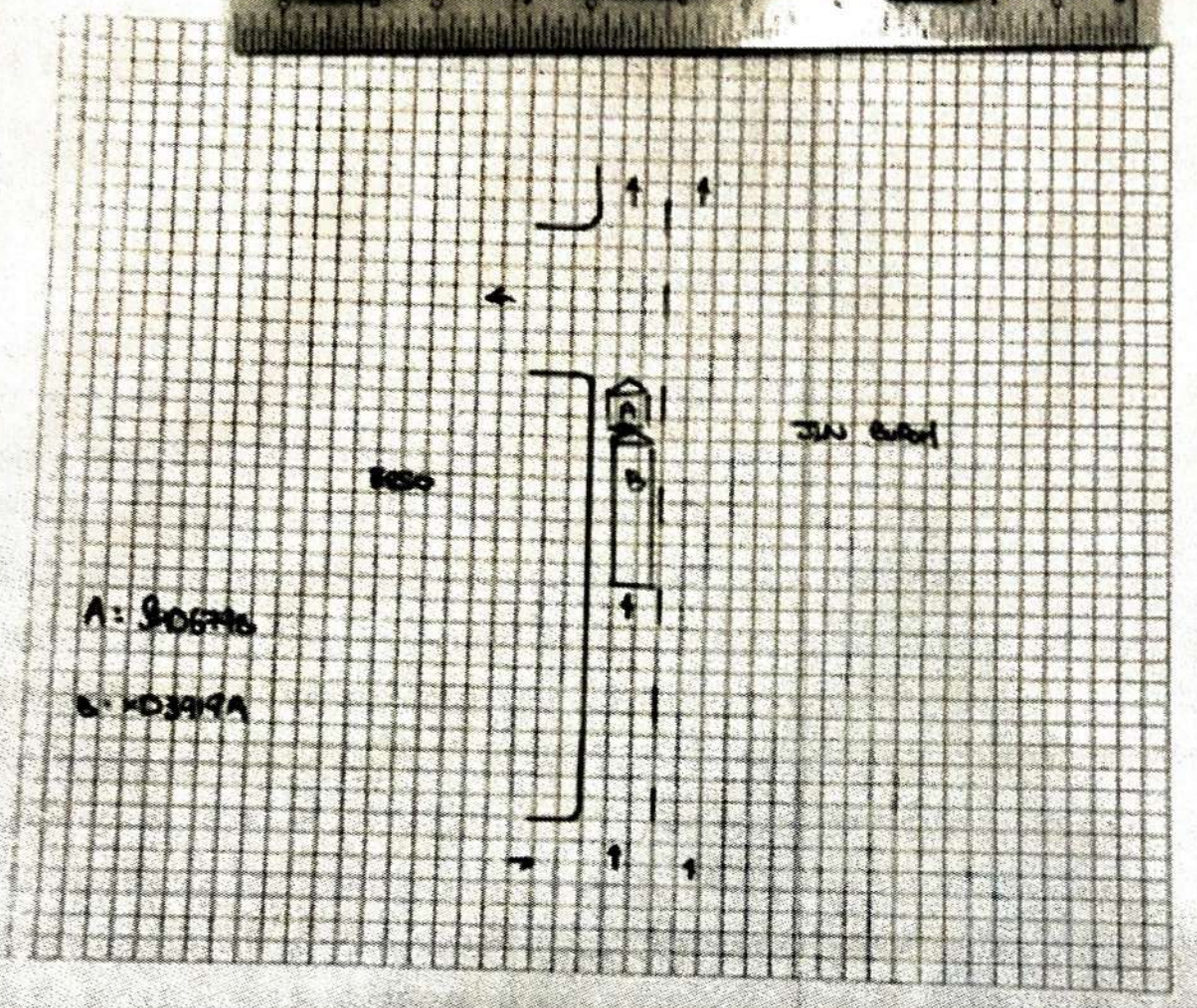
INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	-

DRIVER

Name of Driver	SOH SAY HIN
NRIC No	SXXXX603J

ACCIDENT DIAGRAM



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFIED BY AIAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE POLICE FORCE

T/20220221/2021

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No: T/20220221/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2022 09:52	Vide Report No.:	Station Diary No.: 39

Informant's Particulars

Name of Informant: SOH SAY HIN			Address: APT BLK 131C KIM TIAN ROAD #24-185 SINGAPORE 163131
ID Type / ID No.: NRIC NO / S2171603J			Contact No.: Home/Office: Mobile: 98686826
Nationality: SINGAPORE CITIZEN			Email:
Sex: Male	Age: 63	Date of Birth: 08/06/1958	Type of Informant: Driver
Race: Chinese			Language: / Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury: Others	Drink Drive: No	Date/Time of Accident: 21/02/2022 07:55	Type of Location: Straight Road
Location: JALAN BUROH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD679B	Car	RENAULT		Red	Slightly Damaged	0
XD3919A	TRUCK	MAN		White	Slightly Damaged	0

Details of Persons Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20220221/2021

2 of 3

Report No. T/20220221/2021

Police Station Of Origin
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	SOH SAY HIN	ID No.	S2171603J
Related Vehicle	SHD679B (Car)	Contact No.	98886625
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Driver			
Name	Chu Lay Keong	ID No.	S8077329C
Related Vehicle	XD3919A (TRUCK)	Contact No.	83991853
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/02/2022, at about 0754hrs, I was driving my TransCab taxi along Jalan Buroh on the leftmost lane, in front of ESSO, when a vehicle in front of me stopped to let a vehicle exit, as it wanted to turn into ESSO. As such, I stopped behind him as well. While I was waiting, I felt a sudden impact from the rear of my vehicle. I exited my vehicle and saw that a white fuel truck collided into me, resulting in the rear portion of my vehicle dented and scratched. I also felt some body ache due to the collision. I exchanged particulars with the driver, and his company contacted me as they wanted to settle the matter privately. However, as I was driving my company taxi, I was unable to do so, and decided to lodge a traffic accident report. I went to Mount Alvernia Hospital and they gave me five days of Medical Leave. I only have a dash camera facing the front.